## PART B - FEE(S) TRÂNSMITTAL

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NSTRUCTIONS: This for appropriate All further condicated unless controlled an internance fee not head of the cation	should be used for respondence including below or directed others.	r transmitting the ISSU g the Patent, advance or erwise in Block 1, by (a	E FEE and PUBLIC ders and notification ) specifying a new of	CATIO of m corresp	ON FEE (if requi aintenance fees w condence address;	ired). Blo vill be ma and/or (b	cks 1 through 5 stilled to the current o) indicating a sep	hould be of correspondarate "FEE	dence address as ADDRESS" for	
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SAN JOSE, CA 95 3 <mark>/13/2007 Eayalew2 0</mark> 0		Sharon E Byam					(Depositor's name)			
1 FC:1501 1400.00 GP 22 FC:1504 300.00 GP				Sharon & Byon March 9, 2007					(Signature) (Date)	
3 FC: 8001 APPLICATION NO.	FILING DATE	V U.	FIRST NAMED INVEN	TOR		ATTORN	EY DOCKET NO.	CONFIR	MATION NO.	
10/730,067 12/09/2003 Louis B. Rosenberg IMMR-0023C 2941  TITLE OF INVENTION: METHOD AND APPARATUS FOR STREAMING FORCE VALUES TO A FORCE FEEDBACK DEVICE										
TITLE OF INVENTION: M	IETHOD AND APPA	RATUS FOR STREAM	NG FORCE VALUE	S TO	A FORCE FEED	BACK DI	EVICE			
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nonprovisional	МО	\$1400	\$300		\$0		\$1700	.0	3/13/2007	
EXAMINER ART UNIT			CLASS-SUBCLAS	s			• .			
LIANG, REGINA 2629			345-156000			•				
1. Change of correspondence CFR 1:363).  Change of correspond Address form PTO/SB/1  "Fee Address" indicate PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  THELEN REID BROWN  RAYSMAN & STEINER  2  LLP  3									
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)										
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.										
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)										
Immersion Corporation San Jose, California										
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗀 Government										
4a. The following fee(s) are		D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.								
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5. Change in Entity Status  a. Applicant claims S			☐ b. Applicant is n	o long	er claiming SMAI	LL ENTIT	ΓΥ status. See 37 C	FR 1.27(g)	0(2).	
NOTE: The Issue Fee and I interest as shown by the rec	Publication Fee (if requ	aired) will not be accepte	d from anyone other							
Authorized Signature	N	· Omico.	Date March 8, 2007							
Typed or printed name <u>David B. Ritchie</u>			Registration No. 31,562							
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.  Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.										